

State of Idaho Retiree Medical Plan Enrollment Application



If you have questions, call:
Department of Administration
Office of Group Insurance
650 W. State Street
Boise, ID 83720-0035
208-332-1860 or 1-800-531-0597
ogi@adm.idaho.gov

Date of Application _____
Date of Retirement _____
Date Active Employee _____
Coverage Ends _____
Retiree Plan Effective Date _____
(subject to BCI approval)
Group Number: **10040000**

Please complete *each* section on the front and back page of this application in ink.

POLICY TYPE (please check one):
☐ High Deductible ☐ PPO ☐ Traditional

Applicant Information (Retiree)				
Your Name <i>(first, initial, last)</i>		Blue Cross ID Number <i>(if currently enrolled)</i>	Social Security Number / /	Date of Birth / / <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address		City, State, Zip Code		Phone Number ()
Initial Hire Date	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married Common Law: <input type="checkbox"/> Yes <input type="checkbox"/> No Date of Marriage: _____		State Agency or department from which you are retired Amount of monthly retirement benefit	

To be eligible for retiree group medical coverage, you must be receiving monthly retirement benefits from a State Retirement System. Your unreduced Regular Retirement Allowance must be equal to or exceed the single retiree premium rate in effect on the date your coverage becomes effective, **OR** you must have ten (10) or more years (20,800 or more hours) of credited state service. Retired employees and their covered dependents have Blue Cross of Idaho medical coverage **without vision or dental** coverage.

	High Deductible Plan	Traditional Plan	PPO Plan
Single—without Medicare	<input type="checkbox"/> \$ 456	<input type="checkbox"/> \$ 573	<input type="checkbox"/> \$ 562
Single—with Medicare**	<input type="checkbox"/> \$ 188	<input type="checkbox"/> \$ 231	<input type="checkbox"/> \$ 231
Retiree and Spouse—without Medicare	<input type="checkbox"/> \$ 812	<input type="checkbox"/> \$1,020	<input type="checkbox"/> \$ 997
Retiree and Spouse—1 with Medicare**	<input type="checkbox"/> \$ 644	<input type="checkbox"/> \$ 804	<input type="checkbox"/> \$ 793
Retiree and Spouse—2 with Medicare**	<input type="checkbox"/> \$ 364	<input type="checkbox"/> \$ 448	<input type="checkbox"/> \$ 448
Retiree, Spouse and Child(ren)—without Medicare	<input type="checkbox"/> \$ 951	<input type="checkbox"/> \$1,193	<input type="checkbox"/> \$1,157
Retiree, Spouse and Child(ren)—1 with Medicare**	<input type="checkbox"/> \$ 783	<input type="checkbox"/> \$ 977	<input type="checkbox"/> \$ 953
Retiree, Spouse and Child(ren)—2 with Medicare**	<input type="checkbox"/> \$ 503	<input type="checkbox"/> \$ 621	<input type="checkbox"/> \$ 608
Retiree and 1 or more children—without Medicare	<input type="checkbox"/> \$ 595	<input type="checkbox"/> \$ 746	<input type="checkbox"/> \$ 722
Retiree and 1 or more children—with Medicare**	<input type="checkbox"/> \$ 327	<input type="checkbox"/> \$ 404	<input type="checkbox"/> \$ 391

****Requires both parts A and B of Medicare. Attach copies of Medicare card.**

After all sick leave entitlement has been exhausted, premiums will be withheld from your retirement allowance. If your retirement allowance is not sufficient to withhold monthly premiums, your retirement system will notify Blue Cross of Idaho to bill you directly.

Eligible dependents for whom coverage is being elected			
Name	Relationship	Birthdate	Social Security Number

FOR OFFICE USE ONLY										
Group Number	Subgroup	HIPAA			Effective Date	Plan ID			Class	Reason Code
10040000		Credit Days	Start	End		M	D	V		